FINDS 3.0 Security Request Form

Agency: _____   Date: _____

Action: _____ (A-Add; C-Change; D-Delete)

TSO Logonid: _____

User Name: _____

User Type: _____ (2-Cipps; 5-Cars; 6-Both)

Request Authority: _____ (1-Update All Requests; 2-Update Own) *

Cars Access Agencies: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

                                      _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

                                      _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

                                      _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Cipps Access Agencies: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

                                        _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

                                        _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

                                        _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Cipps Options (1 – Enable; 2 – Disable)

Report 10: _____   Employee Data: _____   Refresh: _____ *
Report U033: _____   Deduction Data: _____
Report U060: _____   Distribution Data: _____
                          Special Pay Data: _____
                          State Tax Data: _____

Access 1099 Reporting: _____ (1-Yes; 2 – No)

Cars Security Officer Name: _____   Phone: _____

                Signature: _____

Cipps Security Officer Name: _____   Phone: _____

                Signature: _____

ACF2 Security Officer Name: _____   Phone: _____

                Signature: _____

* DOA suggests limiting full access for this item to two staff members at your agency.

Processed by DOA: _____   Date: _____

Contact DOA with questions at (804) 225-3089. Fax # (804) 371-8587.   Form # DBAF001